

Worksite Wellness in Montana 2005



DEPARTMENT OF
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Employers, insurers, and public health have a vested interest in worksite wellness. A commitment to worksite wellness is more than a desire to lower health care costs. It's about the opportunity to improve the lives and health of employees through worksite efforts. As a side benefit, healthy employees may be more productive.

Investing in worksite wellness shows staff that their employer cares about them and is not just interested in the bottom line. It's an indication that the executives are willing to take the long-term view in reducing health care expenses.

With rising rates of obesity and chronic diseases like diabetes and heart disease, providing wellness programs is vital to maintain the health of Montana's residents. This report, which summarizes a wellness survey of Montana's smaller employers, provides insight into wellness components provided by smaller companies and the barriers and incentives they face when setting up wellness programs.

Sincerely,

A handwritten signature in blue ink that reads "Joan Miles".

Joan Miles Director

Worksite wellness is important to Montana employers to promote health and productivity and to control rising health care costs. In 2000, the Montana Cardiovascular Health Program surveyed a variety of large Montana

worksites defined as those with >250 employees and published a sentinel report, “How Heart Healthy are Montana’s Worksites?” www.dphhs.mt.gov/PHSD/cardiovascular/pdf/Healthy%20Workplace.pdf Subsequently in 2004, Montana’s Council on Worklife Wellness was formed to engage Montana employers in providing policies, benefits, environmental conditions, programs and strategies that support healthy behaviors among their employees. The council held the first statewide Conference on Worklife Wellness in May 2006 and has developed an awards system to recognize Montana employers who embrace the concept of promoting employee health and wellness at many levels. In 2005, the council provided input into the design of the survey of Montana businesses with fewer than 250 employees. The results of the survey are described in this summary report.



The Bureau of Business and Economic Research at the University of Montana, in collaboration with the Cardiovascular Health Program and Montana's Council on Worklife Wellness, designed and conducted a 65-question telephone survey of 416 randomly selected worksites with 250 or fewer employees. The survey included questions similar to those used in the large worksite survey conducted in 2000 and covered worksite wellness topics related to health risk assessment and organizational structure, smoking policies, nutrition and physical activity programs as well as health benefits and screening programs. The responses were tabulated overall and by industry cluster. The industry clusters were: mining/construction/utilities/manufacturing (Mining/Manuf); retail/wholesale/trade/services/transportation (Retail/Sales Services); finance/insurance/real estate/public administration (Finance/Public Admin); healthcare/education (Health Care/Education); food services/recreation/entertainment/arts (Food Services/Recreation); and other (Other).

After the telephone survey was completed, the Bureau of Business and Economic Research conducted 20 interviews with key informants to

identify factors that influenced opinions, behavior and experiences during the development of worksite wellness programs. The majority (16/20) of those interviewed were owners or employees of small businesses in different towns across the state. The interviews were conducted with strict confidentiality and in a semi-structured format. Transcripts were then analyzed carefully by clustering data into categories and larger domains that emerged when all the interviews were considered.



Wellness Survey Results



Characteristics of Worksites Surveyed

The survey was conducted in 416 small employer worksites in Montana in a variety of industries. Health Care/Education worksites constituted about one quarter of those surveyed, with Finance/Public Admin and Retail/Sales Services each representing 21% of the total. Almost 40% of the worksites had 101-250 employees. Sixty-two percent of the sites had >75% of their workforce in full-time positions.

Table 1. Characteristics of small worksites* responding to the worksite wellness survey, by industry, Montana, 2005.

	Mining/ Manufacturing (n = 56)	Retail/ Sales Services (n = 86)	Finance/ Public Admin (n = 88)	Health Care/ Education (n = 107)	Food Services/ Recreation (n = 53)	Other (n = 26)	Total (n = 416)
# of Employees	%	%	%	%	%	%	%
1-20	31	37	51	21	41	58	37
21-100	16	19	25	29	31	19	24
101-250	53	43	24	50	28	23	39
Full-time Employees							
0-50%	18	20	11	13	69	29	23
51-75%	0	22	8	23	14	21	15
> 75%	82	58	81	64	16	50	62
Manual Labor							
0-50%	17	48	88	66	41	56	57
51-75%	19	10	6	10	10	16	11
> 75%	64	43	6	24	49	28	33

Health Risk Appraisals and Organization of Wellness Activities



Health risk appraisals are an important baseline activity for wellness programs. Overall, 19% provided health risk appraisals. The percentage providing health risk appraisals varied from a low of 10% in Food Services/Recreation to a high of 25-26% in Health Care/Education and Finance/Public Admin. Wellness promotion of any type was reported by less than 10% of worksites involved with Food Services/Recreation.

Figure 1. Health risk appraisals and organization for wellness promotion among small employer worksites by industry, Montana, 2005.

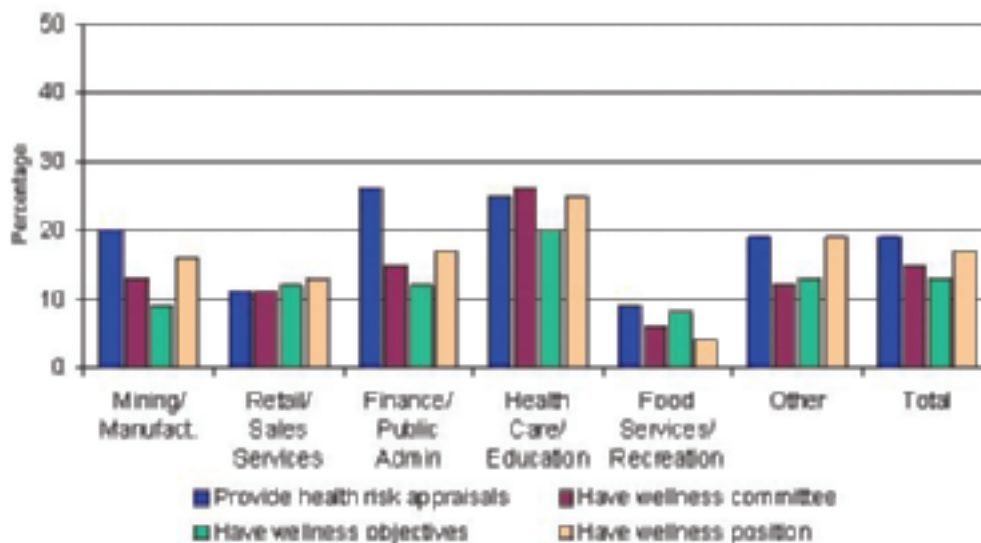
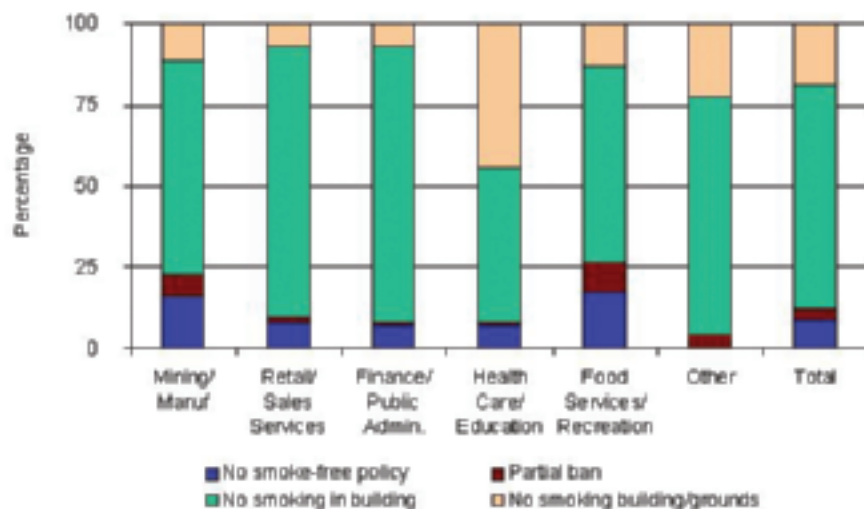


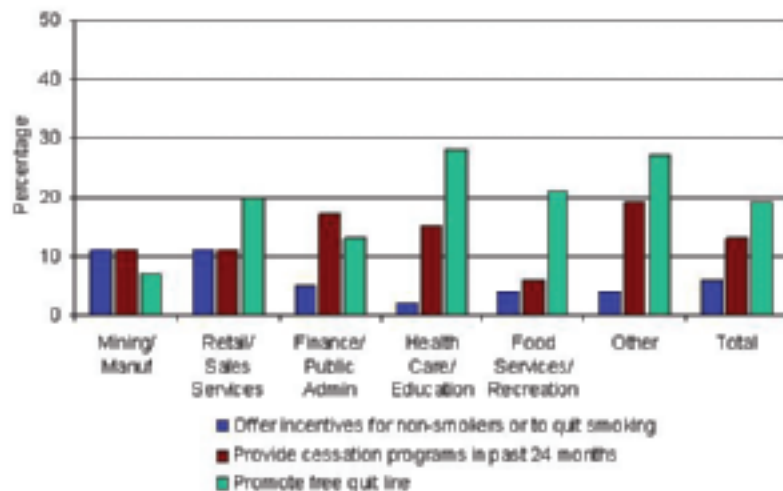
Figure 2. Smoke-free policies among small employer worksites by industry, Montana, 2005.



Smoking Policies and Cessation Support

Smoking and exposure to second-hand smoke are an important risk factor for many chronic conditions. Overall, 88% of worksites banned smoking in the building or both in the building and on the grounds in 2005. Interestingly, this is an increase from 2000 when 76% of a wide variety of large Montana worksites surveyed had similar smoke-free policies. Almost 20% of small Montana worksites now promote the Montana Quit Line.

Figure 3. Promotion of smoking cessation among small employer worksites by industry, Montana, 2005.



Blood Pressure and Cholesterol Screening

Easy access to blood pressure and cholesterol screening programs can assist people in effectively managing these two important risk factors for cardiovascular disease. Blood pressure screening was slightly more common than cholesterol screening, but percentages varied widely by industry type. Less than 10% of Food Services/Recreation worksites offered screening compared to approximately 40% of health care/education worksites.



Figure 4. Blood pressure screening provided by small employer worksites, by industry, Montana, 2005.

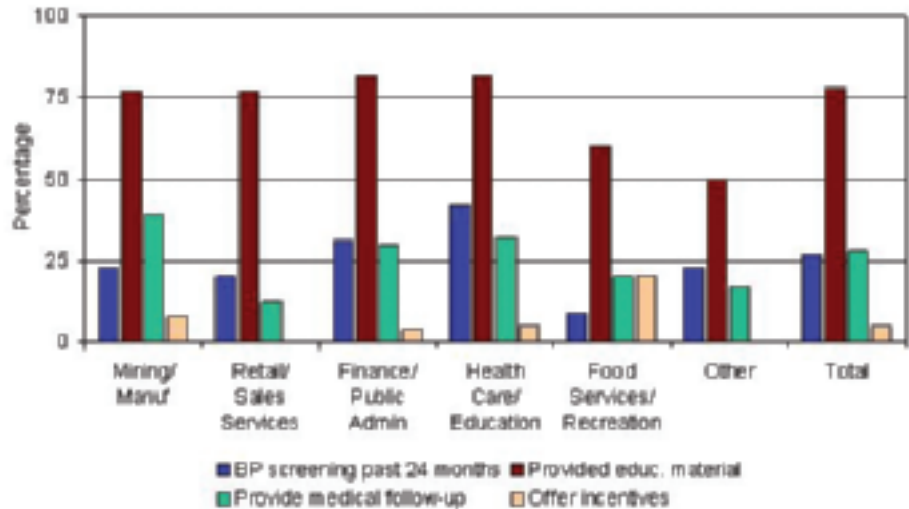
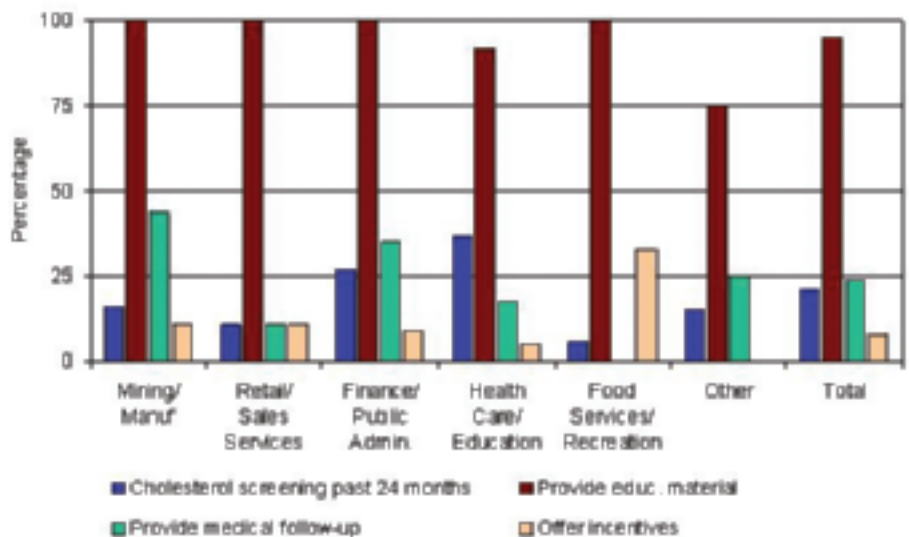


Figure 5. Cholesterol screening provided by small employer worksites, by industry, Montana, 2005.



Availability of Healthy Food Options and Nutrition Programs

Environmental supports and education are critical for maintenance of healthy eating habits in the worksite. Many small worksites did not provide cafeteria services, but 50% did provide vending machines. However, few vending machines offered more than 5 healthy choices. Overall, only 19% of worksites surveyed had offered a nutrition program during the last 24 months.

Figure 6. Availability of vending machines with healthy food options and nutrition programs provided by small employer worksites by industry, Montana, 2005.

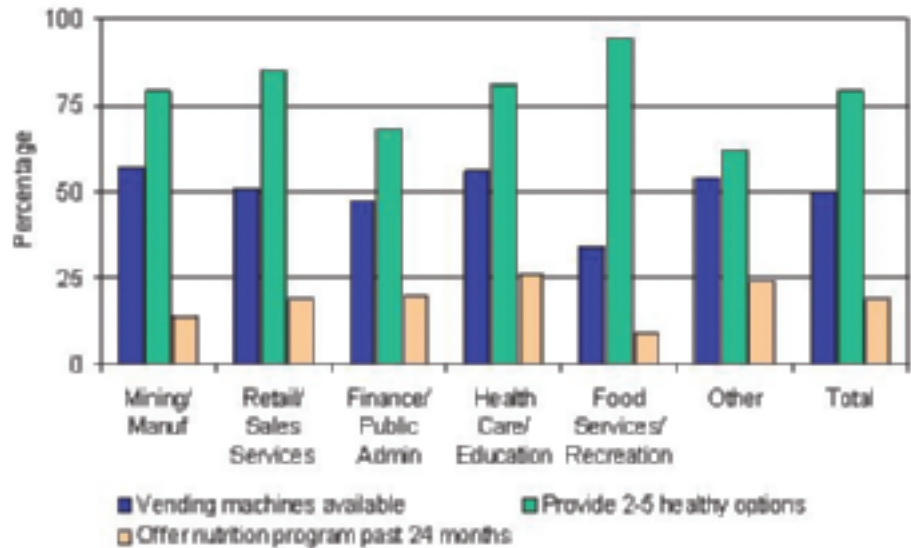
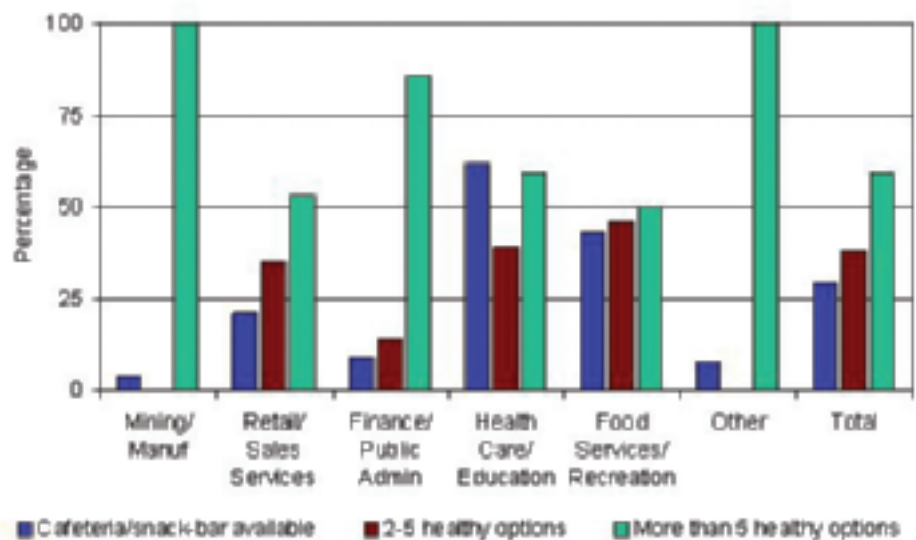


Figure 7. Cafeteria or snack-bar and healthy food options among small employer worksites by industry, Montana, 2005.



Fitness and Exercise Options

Regular physical activity provides both physical and emotional benefits. Over a quarter of employers surveyed offered discounted memberships to off-site facilities, and almost one third sponsored teams and events for employees. Availability of fitness areas at the worksite was highest in healthcare/education (61%).



Figure 8. Fitness and exercise program support provided by small employer worksites, by industry, Montana, 2005.

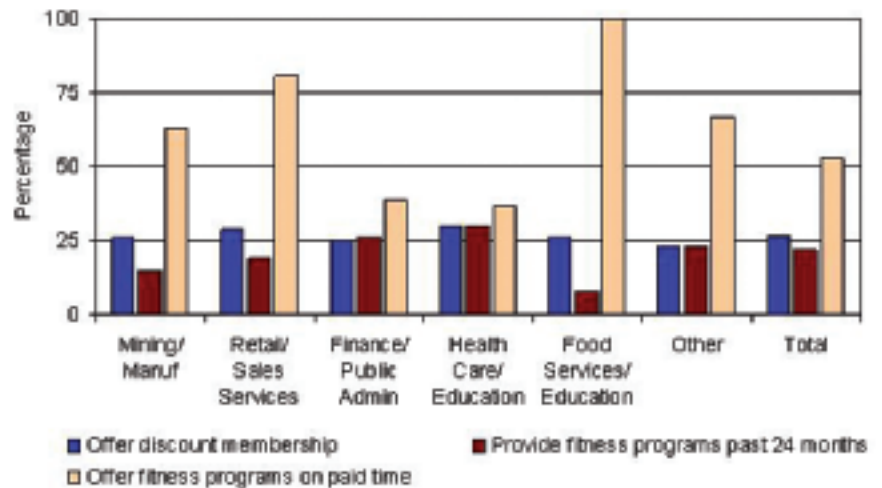
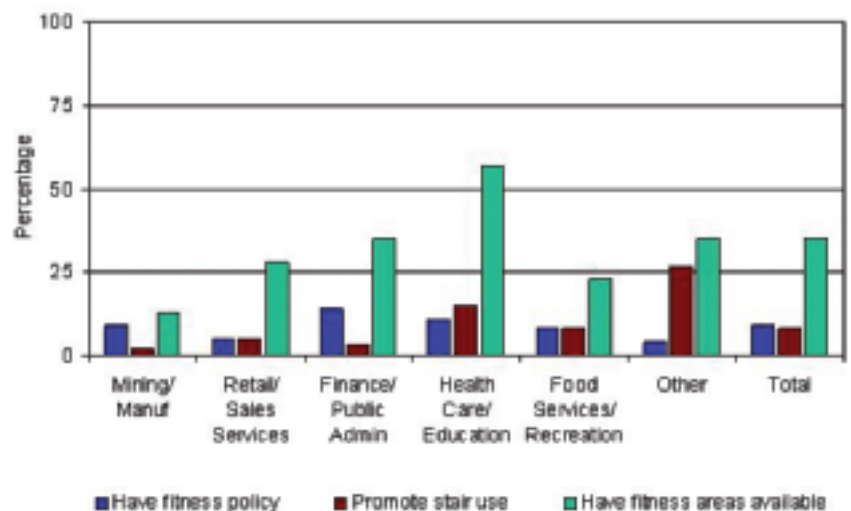


Figure 9. Fitness and exercise environmental supports provided by small employer worksites, by industry, Montana, 2005.



Composite Wellness Scores

Mean composite wellness scores that integrated all components of the survey were calculated overall and for each industry cluster. These scores provided a snapshot of wellness programming efforts and highlighted areas for improvement. Scores were highest in Health Care/Education and Finance/Public Admin industry clusters.

Worksite Wellness Interest and Barriers

Despite low mean scores for wellness program components, there was fairly good interest in worksite wellness overall. Almost 50% of those surveyed were interested in worksite wellness and had an interest in attending a worksite wellness employer workshop, with interest highest among health care/education. The most frequently cited barrier to implementing a wellness program among small employer worksites was cost, followed closely by time from work and staffing.

Figure 10. Worksite wellness interest among small employer worksites, by industry, Montana, 2005.

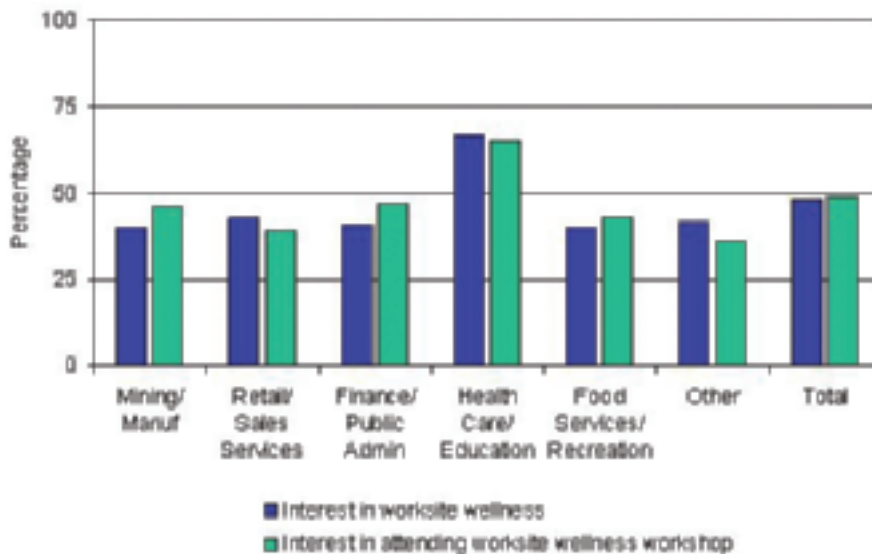


Figure 11. Barriers to implementing a wellness program among small employer worksites, by industry, Montana, 2005.

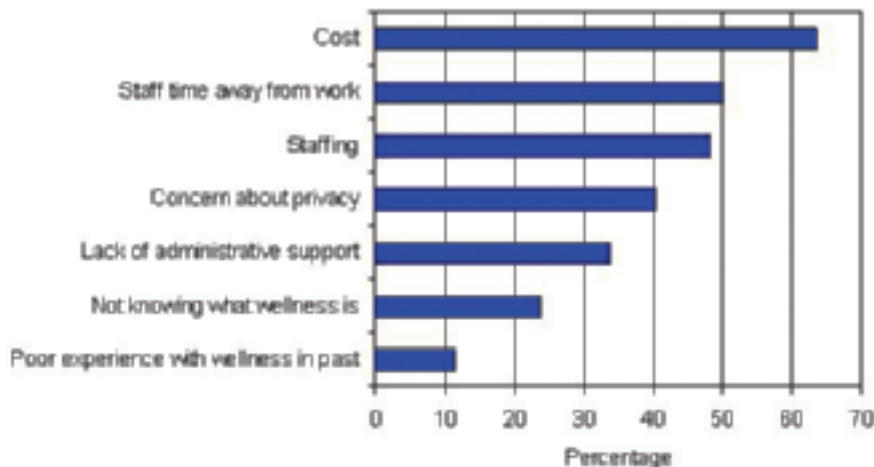


Figure 12. Incentives that might encourage small employer worksites to implement a worksite wellness program, Montana, 2005.



Incentives

Worksite wellness programs have been shown to decrease sick days and improve productivity. Incentives to encourage small employer worksites to implement a worksite wellness program included improved health and a group of issues related to decreasing either worker's compensation costs or health insurance costs.

Key Informant Interviews

Although individual champions, with management support, have established wellness activities in many businesses in Montana with 250 or fewer employees, wellness programs have not been universally adopted for several reasons. Informants stated that there were different views in organizations about what actually constituted a wellness program and tensions existed between individual responsibilities and social policies. Yet there was a genuine interest in doing more to promote employee health and wellness.

One of the biggest barriers to wellness program development identified in the interviews was cost. Informants also noted that small business owners neither have the knowledge to set up wellness programs efficiently nor the time to seek out the information. Individual champions with enthusiasm and experience have often been the catalysts for health promotion activities.

Conclusions

The results of this assessment were the impetus for the organization of a statewide conference on worksite wellness. The conference was held in May 2006 to meet the needs and interests of employers in Montana. It featured a workshop led by Larry Chapman, a nationally recognized expert in worksite wellness. Business representatives attending the conference began to develop tailored action plans for wellness strategies within their own companies. A panel discussion was also offered spotlighting local efforts to address employee wellness in Montana.

For more information about Montana's Council on Worklife Wellness or the worksite wellness awards program for Montana employers, contact Chelsea Fagen with the Montana Cardiovascular Health Program at (406) 444-4105 or cfagen@mt.gov. The worksite wellness awards program criteria and applications can be downloaded from the council's website at <http://montanacardiovascular.mt.gov>.





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